

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street) ▼

801 Pennsylvania Avenue, NW

Suite 255

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00401299

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

01

2016

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric P Bishop

Signature of Treasurer

Eric P Bishop

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

14

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 06 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2016		97377.57
(b) Cash on Hand at Beginning of Reporting Period.....	67066.20	
(c) Total Receipts (from Line 19) .....	7045.08	88126.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	74111.28	185504.18
7. Total Disbursements (from Line 31) .....	23536.00	134928.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	50575.28	50575.28
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 06 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5391.58

61893.66

(ii) Unitemized .....

1653.50

22984.05

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7045.08

84877.71

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

7045.08

84877.71

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

273.90

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

2975.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

7045.08

88126.61

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

7045.08

88126.61

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	36.00	453.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	36.00	453.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	131500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	2975.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23536.00	134928.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23536.00	134928.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7045.08	84877.71
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7045.08	84877.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	36.00	453.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	273.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	36.00	180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Steven D Shaw**

Mailing Address 4 Summit Road

City

Southborough

State

MA

Zip Code

01772-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 18 / 2016

**Transaction ID : A358B880A914143AC9CB**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**B. Michael Jon Asselta**

Mailing Address 2600 Bel Air

City

Flower Mound

State

TX

Zip Code

75022-4523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP, Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 18 / 2016

**Transaction ID : A1DA63B6616044FE1B4E**

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**C. Kathleen M Kawa**

Mailing Address 90 Glacier Drive

City

Westwood

State

MA

Zip Code

02090-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Director of Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 18 / 2016

**Transaction ID : AB1D2F21BD4734D26B1F**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

128.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 7 OF 29  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. John Baldasaro**

Mailing Address 57 Valencia Lane

 City State Zip Code  
 Clifton Park NY 12065-5827

FEC ID number of contributing federal political committee.

C

 Name of Employer Occupation  
 Fresenius Medical Care NA VP ITG Revenue Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 18 2016

Transaction ID : ADAF55C38171C409C9CB

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/

Full Name (Last, First, Middle Initial)

**B. Gregory S Garza**Mailing Address 2020 East First Street  
Suite 110
 City State Zip Code  
 Seal Beach CA 92705

FEC ID number of contributing federal political committee.

C

 Name of Employer Occupation  
 Fresenius Medical Care NA Vice President Integrated Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 18 2016

Transaction ID : AED0C16C69C214A1FA0D

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**C. Michael S Buck**

Mailing Address 2401 Lilyfield Drive

 City State Zip Code  
 Roanoke TX 76262-3415

FEC ID number of contributing federal political committee.

C

 Name of Employer Occupation  
 Fresenius Medical Care NA Sr. Director, Performance Training

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 18 2016

Transaction ID : AB15CBB06E6B54A9B857

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$10.00/

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 11a    ☐ 11b    ☐ 11c    ☐ 12  
☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Mignon B Early**

Mailing Address 109 Bennington Way

City

Greer

State

SC

Zip Code

29650-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016
**Transaction ID : AF52AE6E4B0A24B9FB8C**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

**B. Robert Peter Loeper**Mailing Address Headquarters  
920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016
**Transaction ID : AF96C0D7FE6E9464EA72**

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Brian Silva**

Mailing Address 6 Nelson Circle

City

Bedford

State

MA

Zip Code

01730-1096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP, Human Resources &amp; Admin

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016
**Transaction ID : ACAEB36766F1F402BAEC**

Amount of Each Receipt this Period

384.62

☐ Memo Item

Payroll Deduction: \$192.31/

**SUBTOTAL** of Receipts This Page (optional)..... ►

521.54

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Geoff Higginbotham**

Mailing Address 7581 NW 23rd Street

City  
HollywoodState  
FLZip Code  
33024-1036FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Finance RECS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2016

Transaction ID : A07BC89ED31E54682850

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**B. Nicole A Devore**Mailing Address 801 Pennsylvania Ave  
Suite 255City  
WashingtonState  
DCZip Code  
20004-3637FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2016

Transaction ID : A44F3F83C5441418E89E

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**C. Michael J Ramsey**Mailing Address Headquarters  
920 Winter StreetCity  
WalthamState  
MAZip Code  
02451-1521FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2016

Transaction ID : A7ED309486D1141099A8

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. William M Perry**

Mailing Address 26 Wadsworth Road

City

Waltham

State

MA

Zip Code

02453-5021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : A404B06E50D6A4A67BE7**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/

Full Name (Last, First, Middle Initial)

**B. Grant Asay**

Mailing Address 1421 Champion Forest Ct

City

Wheaton

State

IL

Zip Code

60187-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : A1B22CA9ABE484884BCA**

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**C. Jayanta Ray**

Mailing Address 12534 Loxley Drive

City

Frisco

State

TX

Zip Code

75035-8113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : A6C4880000214458CBE9**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

138.46

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Nelson A Coimbre**

Mailing Address 229 Candia Avenue

City

Coral Gables

State

FL

Zip Code

33134-7309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Construction Estimator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.03

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : A6FEA5B1E99C54B0D8DD

Amount of Each Receipt this Period

34.62

☐ Memo Item

Payroll Deduction: \$17.31/

Full Name (Last, First, Middle Initial)

**B. Stephanie L DeFranco**

Mailing Address 525 Sycamore Drive

City

Milpitas

State

CA

Zip Code

95035-7429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, New Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : A768B081C626440C5B75

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**c. Charles E Stieber-Brown**

Mailing Address 4640 Glen Coe Street

City

Leesburg

State

FL

Zip Code

34748-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : A8C8CDF9A14F54F2CA61

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/

SUBTOTAL of Receipts This Page (optional)..... ►

151.54

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Edda B Spinelli**

Mailing Address 3333 West Highway  
Suite 101

City Buena Park State CA Zip Code 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : A3379B2050F354EF1BFC

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**B. Maria N Burke**

Mailing Address 5049 Oxfordshire Rd

City Waxhaw State NC Zip Code 28173-7324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : A4E9CA22912804AEB961

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

**C. Michelle Cowens**

Mailing Address 301 King St Apt 1206

City San Francisco State CA Zip Code 94158-1642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, Physician Practice Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : AF1420BC90358492A97C

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

SUBTOTAL of Receipts This Page (optional)..... ►

176.92

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Terri W Carlton**

Mailing Address 3611 Crestwood Dr

City

Morganton

State

NC

Zip Code

28655-8789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	6

**Transaction ID : A87057832204044C2A70**

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**B. Gordon K Jee**

Mailing Address 30 Union Street Unit 3

City

Newburyport

State

MA

Zip Code

01950-3235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr Manager, Product Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	6

**Transaction ID : A8CFC4E10817B4FB89F9**

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**C. Matthew D Kinser**Mailing Address 1550 W McEwen Drive  
Suite 500

City

Franklin

State

TN

Zip Code

37067-1731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	6

**Transaction ID : A656E09CF99D248A585F**

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

153.84

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 29  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. David Cariello**Mailing Address 300 Three Islands Blvd  
Unit # 509

City	State	Zip Code
Hallandale Beach	FL	33009-2819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP of Real Estate &amp; Construction Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : A5241FC53CEC54A608DB**

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Kimberly Lynn Sonnen**Mailing Address 5251 DTC Parkway  
One DTC Suite 500

City	State	Zip Code
Greenwood Village	CO	80111-2799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Marketing &amp; Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1690.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : A54A70B2166CE488A8B8**

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$130.00/

Full Name (Last, First, Middle Initial)

**C. Erma S Hall**

Mailing Address 4425 Utica Street

City	State	Zip Code
Metairie	LA	70006-6530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : A98949553BFAD4FE6A15**

Amount of Each Receipt this Period

76.00

☐ Memo Item

Payroll Deduction: \$38.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

412.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 29  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph H Johnston**

Mailing Address 4333 Meridian Blvd

City

Warrington

State

PA

Zip Code

18976-2928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr VP of Biomedical Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	6

**Transaction ID : ADE692FBE26074BA5A2C**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/

Full Name (Last, First, Middle Initial)

**B. Anthony L Hayes**

Mailing Address 1940 Lodge Road

City

Kennesaw

State

GA

Zip Code

30144-7520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	6

**Transaction ID : AEE09D42BF0D549C481E**

Amount of Each Receipt this Period

62.00

☐ Memo Item

Payroll Deduction: \$31.00/

Full Name (Last, First, Middle Initial)

**C. Judith E Moran**Mailing Address 165 Passaic Ave  
Suite 300

City

Fairfield

State

NJ

Zip Code

07004-3592

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	6

**Transaction ID : A34AEE44912BB4EFF804**

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.46

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Sandra M Geraci**

Mailing Address 262 Berenger Walk

City

Royal Palm Beach

State

FL

Zip Code

33414-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : AB503C4AAAA7546B99E8

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**B. Deborah A Harvey**

Mailing Address 1940 Lodge Road

City

Kennesaw

State

GA

Zip Code

30144-7520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : AA500BCA84E214CAAAE5

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$150.00/

Full Name (Last, First, Middle Initial)

**C. Terry L Ketchersid**

Mailing Address 2751 North Main St.

City

Danville

State

VA

Zip Code

24540-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : AD594CEB5C14F4C74A56

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/

SUBTOTAL of Receipts This Page (optional)..... ►

580.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Allen P Mills**

Mailing Address 928 Baxter St

City

Charlotte

State

NC

Zip Code

28204-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : AEA7ADF8B81764391842

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Lisa Dombro**

Mailing Address 927 Prairie Ave

City

Park Ridge

State

IL

Zip Code

60068-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : A0F5F98DBBFBF47D0BB4

Amount of Each Receipt this Period

384.62

☐ Memo Item

Payroll Deduction: \$192.31/

Full Name (Last, First, Middle Initial)

**C. Monica A Cobb**

Mailing Address 175 Pamela Drive

City

Swansea

State

MA

Zip Code

02777-4244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : AF3DE4C19F9FF4E6FB4F

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 29

☒ 11a    ☐ 11b    ☐ 11c    ☐ 12  
☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Julia Brennan**

Mailing Address 5968 Ohara Landing

City	State	Zip Code
Burke	VA	22015-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Business Relations Spectra Labs

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : A6AB3CF99D15F4A679F4**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**B. David R Gillon**

Mailing Address 2113 Jarrod Place

City	State	Zip Code
Smyrna	GA	30080-5685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director Market Development

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : A7685A7C0E6D04C00A0A**

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**c. Joseph J Ruma**

Mailing Address 15 Blueberry Hill Rd

City	State	Zip Code
Andover	MA	01810-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Development Acquisitions

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : A2E42BFA0AB01429B854**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

138.46

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Donna J McCarthy

Mailing Address 5251 DTC Parkway  
One DTC Suite 500

City State Zip Code  
Greenwood Village CO 80111-2799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Division President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : ABEA6030EE3464D7A8DD

Amount of Each Receipt this Period

230.76

☐ Memo Item

Payroll Deduction: \$115.38/

Full Name (Last, First, Middle Initial)

B. Nancy Dianne Carter

Mailing Address 1607 Revella Arch

City State Zip Code  
Chesapeake VA 23322-6991

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Physician Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : AC81AD9723546408EAD5

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/

Full Name (Last, First, Middle Initial)

C. Manikandan Pandi

Mailing Address 15 Grist Mill Road

City State Zip Code  
Acton MA 01720-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : AC3E7458746E046149C6

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

319.22

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Paul M Zabetakis**

Mailing Address 7019 SE Harbor Circle

City  
StuartState  
FLZip Code  
34996-1923FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, RRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2016

**Transaction ID : AE37CB4A279C54677A97**

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. william M crawford**Mailing Address 6640 Akers Mill Rd SE  
Apt 2403City  
AtlantaState  
GAZip Code  
30339-2714FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2016

**Transaction ID : A4C63C3AA41C04A46A80**

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**C. Jeffrey Hymes**

Mailing Address 120 Belle Mead Blvd

City  
NashvilleState  
TNZip Code  
37205-3416FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2016

**Transaction ID : ACEE871DAAA62454FBCF**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

315.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Carrol A Ernst**Mailing Address 4502 West Indian School Rd  
Ste A4-11

City	State	Zip Code
Phoenix	AZ	85031-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : AB267937B3C714362AAB**

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Mark R Fawcett**Mailing Address Headquarters  
920 Winter Street

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : A785F4D906E704613B6F**

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**C. Patrick L McCarthy**

Mailing Address 82 Belcher Drive

City	State	Zip Code
Sudbury	MA	01776-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Sales &amp; Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : A41FA986C50B544F3AA9**

Amount of Each Receipt this Period

240.00

☐ Memo Item

Payroll Deduction: \$120.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

355.38

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Joseph P Winslow

Mailing Address 1 Cardinal Circle

City State Zip Code  
Nashua NH 03063-3301

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Quality Systems &amp; Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : A7900D99AA77F4440B87

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

B. Catherine Dubinsky

Mailing Address 229 Wellman Ave

City State Zip Code  
North Chelmsford MA 01863-1362

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Operations Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : A409AD9EBAFAB4C17BE9

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

C. William McKinney

Mailing Address 3711 South Mopac Expsy

City State Zip Code  
Austin TX 78746

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, Fresenius Health Partners

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : A768AF2DD458D42C5B71

Amount of Each Receipt this Period

140.00

☐ Memo Item

Payroll Deduction: \$70.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

296.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 29

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Liam J Walsh**

Mailing Address Headquarters

920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

871.00

Date of Receipt

06 / 18 / 2016

**Transaction ID : AC1D969B0D89141D3947**

Amount of Each Receipt this Period

134.00

☐ Memo Item

Payroll Deduction: \$67.00/

Full Name (Last, First, Middle Initial)

**B. William F Fink**

Mailing Address 80 Daniels Ln

City

Carlisle

State

MA

Zip Code

01741-1055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP, ITG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 18 / 2016

**Transaction ID : AE2C069277C064C268F9**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

**c. Robert Charles Sepucha**

Mailing Address Headquarters

920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

06 / 18 / 2016

**Transaction ID : AA5D4BC8AE8A94992922**

Amount of Each Receipt this Period

384.62

☐ Memo Item

Payroll Deduction: \$192.31/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

618.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Steven P Covino

Mailing Address Headquarters

920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : A38352057675B4001B43

Amount of Each Receipt this Period

96.16

☐ Memo Item

Payroll Deduction: \$48.08/

Full Name (Last, First, Middle Initial)

B. Andrew C Holstein

Mailing Address 803 Hallowell Drive

City

West Chester

State

PA

Zip Code

19382-5242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : AB5AA462764BB420AA17

Amount of Each Receipt this Period

35.00

☐ Memo Item

Payroll Deduction: \$17.50/

Full Name (Last, First, Middle Initial)

c. Robert D Crick

Mailing Address 4307 Twillingate Lane

City

Louisville

State

KY

Zip Code

40241-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2016

Transaction ID : A72EB50350209401992B

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional)..... ►

169.62

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Geronia F Parlier**

Mailing Address 6100 Dutchmans Lane  
Kaden Tower 8th Floor

City Louisville State KY Zip Code 40205-3384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP UltraCare Customer Connection

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 18 / 2016

**Transaction ID : A8B8DF2A40F0E4FCFA96**

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

38.46

5391.58

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Fresenius Medical Care North America PAC

### A. BB&T Bank

Date of Disbursement

Mailing Address 317 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003-1148

Transaction ID : B89776FF18AE74DA7968

[illegible]

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

36.00

 Memo Item

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Memo Item

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify) ▼	
	<input type="checkbox"/> President			
State:	District:			

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
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53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

 Memo Item

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

**SUBTOTAL** of Disbursements This Page (optional).....

36.00

**TOTAL** This Period (last page this line number only).....

36.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. TOM RICE FOR CONGRESS**

Mailing Address PO BOX 70098

City	State	Zip Code
MYRTLE BEACH	SC	29572

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Tom Rice Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : B20511BE102754A9D8B2**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RICHARD E NEAL FOR CONGRESS COMMITTEE**

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108-2533

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Richard E. Neal**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : B0B78FD9E37F14275A89**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE CONGRESSMAN JOE BARTON COMMITTEE**

Mailing Address P.O. BOX 1444

City	State	Zip Code
ENNIS	TX	75120

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Joe L. Barton**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : B5282BF69A5FB43F4869**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. BOB CASEY FOR SENATE INC**

Mailing Address PO BOX 58746

City	State	Zip Code
PHILADELPHIA	PA	19102

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Robert P. Casey Jr.**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2016

Transaction ID : B0E0CFBB91AD843E2B35

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Burgess For Congress**

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Michael C. Burgess**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2016

Transaction ID : BA590DF78D6DE4C1682F

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Markey Committee; The**

Mailing Address PO BOX 120029

City	State	Zip Code
Boston	MA	02112-0029

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Edward J. Markey**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2016

Transaction ID : B020F7B057CF644AAA30

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. LEVIN FOR CONGRESS**

Mailing Address PO BOX 37

City	State	Zip Code
ROSEVILLE	MI	48066

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Sandy M. Levin**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : BC6DC5820E5A44455B9F**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KIDNEY CARE PARTNERS POLITICAL ACTION COMMITTEE**Mailing Address 14001-C ST. GERMAN DRIVE  
PO BOX 453

City	State	Zip Code
Centreville	VA	20121-2338

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: Other

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : B0EEFB6CED901408B907**

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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23500.00
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